



**AIRPORT LIMOUSINE COMPANY  
CHARTERED LIMOUSINE COMPANY  
TAXICAB COMPANY  
LICENSE APPLICATION**

New \_\_\_\_\_

Renewal \_\_\_\_\_

**Contact Wichita Transit 265-1450 with any questions or for complete information**

\_\_\_\_\_ Airport Limousine Vehicle (no company license required)

Fee \$10.00 per year due January 1<sup>st</sup>.

\_\_\_\_\_ Charter Limousine Company (no vehicle license required)

Fee \$200.00 per year

\_\_\_\_\_ Taxicab Company

Fee \$200.00 per year

Fee \$50.00 per vehicle per year

**VEHICLE INFORMATION** (attach a sheet if more than one vehicle)

OWNER NAME			PHONE NUMBER	
ADDRESS CITY STATE			ZIP	
YEAR, MAKE AND MODEL			COLOR AND DESIGN	
VIN NUMBER			LICENSE TAG NUMBER	
NUMBER OF PERSON VEHICLE CONSTRUCTED TO CARRY			PROPOSED NUMBER OF PASSENGERS	

**BUSINESS INFORMATION**

BUSINESS NAME			PHONE NUMBER		
BUSINESS ADDRESS			ZIP		
OWNER NAME			PHONE NUMBER		
OWNER OFFICE ADDRESS			ZIP		
DAYS AND HOURS OF BUSINESS					

**CORPORATION** (IF APPLICABLE): Please provide the following information for all officers, directors, and each stockholder holding more than 5% of stock in the corporation. If more space is needed, use blank sheets to answer each question.

NAME			HOME PHONE		
RESIDENTIAL ADDRESS			ZIP		

**PARTNERSHIP** (IF APPLICABLE): Complete the following information for each partner, including all limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership. If one of the partners is a corporation, complete the Corporation section above. For more space use a blank sheet to answer each question.

NAME			HOME PHONE		
RESIDENTIAL ADDRESS			ZIP		

I, \_\_\_\_\_, the applicant, provides this phone number in case of questions \_\_\_\_\_, and do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

My appointment expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

If this form is being submitted for only the purpose of adding a vehicle to the taxicab fleet the above does not need to be notarized.

**INSURANCE MUST BE SUBMITTED TO WICHITA TRANSIT.**

**FOR OFFICIAL USE ONLY**

	APPROVED	DISAPPROVED	DATE
AIRPORT AUTHORITY			
POLICE			
LAW (insurance approval)			
CITY MANAGER			
CITY COUNCIL			

LICENSE #		DATE		RELEASED		EXPIRATION	
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